



STATE OF NEW YORK DEPARTMENT OF HEALTH

Office Of Continuing Care

161 Delaware Avenue

Delmar, New York 12054-1393

Antonia C. Novello, M.D., M.P.H., Dr.P.H.
Commissioner of Health

Dennis P. Whalen
Executive Deputy Commissioner

July 19, 2000

DAL: #00-10

STATUTORY ADVISORY

This is to advise you of a new statutory requirement regarding immunizing residents, registrants and employees of nursing homes, adult day health care programs, adult homes and enriched housing programs.

Dear Administrator:

As we are all aware, influenza and pneumococcal disease affect many elderly citizens every year, often with disastrous effects such as pneumonia and death. Many of our elderly reside in congregate living situations such as nursing homes and other adult living centers and thus are especially vulnerable to these diseases.

On November 1, 1999, Governor Pataki signed into Law the Long Term Care Resident and Employee Immunization Act, (copy enclosed). This Law is effective as of April 1, 2000. It requires that long-term care facilities request all residents and employees to be immunized against influenza virus and, as appropriate, pneumococcal disease, consistent with current guidelines of the Advisory Committee on Immunization Practices (ACIP).

This Law applies to residents and employees of nursing homes, adult homes, enriched housing programs, adult day health care programs, and any other facility providing residential housing and supportive services for five or more persons over the age of sixty-five who are unrelated to the operator. For these purposes, registrants of adult day health care programs are considered to be included in the term "residents."

This letter conveys the requirements of the Long Term Care Resident and Employee Immunization Act. It is not expected that regulations will be promulgated.

A. Arranging for Immunizations and Requisitioning Supplies of Vaccines

The facility must document each year that it has made reasonable attempts to obtain the necessary supplies of vaccines and/or to make the arrangements necessary for immunizing residents and employees.

B. Notifying Affected Individuals and Providing or Arranging for Immunization

The facility must notify all residents and employees that the facility will provide or arrange for immunization against the influenza virus annually, and for pneumococcal disease as indicated by the current ACIP guidelines. Immunization is not mandatory; however, the facility must offer to provide or arrange for immunization for all residents and employees.

Residents and employees should be immunized annually against influenza. Residents and employees who are at high risk for invasive pneumococcal disease should receive the pneumococcal vaccine. Please refer to ACIP guidelines for details.

Annual immunizations against influenza, and immunizations for pneumococcal disease as indicated by ACIP recommendations, must be documented by the facility for each resident and each employee in that individual's record at the facility. Please refer to Section D of this letter for information about record keeping. If a resident or employee refuses to be immunized or is not immunized for any of the reasons listed in Section C of this letter, the reason for not being immunized must be documented.

Immunization and documentation must take place no later than November 30th of each year. If an individual becomes a resident or an employee after November 30th but before April 1st and has not been immunized or if documentation is not available for such immunization, the facility must request that the individual be immunized, and the facility must provide or arrange for such immunization no later than April 1st.

C. Exceptions

No individual is required to be immunized for either influenza virus or pneumococcal disease if:

- He or she refuses the vaccine after being fully informed of the health benefits and risks of such action;

- Such immunization is medically contraindicated for that individual; or
- Such immunization is against the individual's religious beliefs.

D. Documentation and Reports Required By the Law

The Law requires facilities to document their immunization efforts. It also requires the Department of Health to report to the Governor and Legislature on outbreaks and hospitalizations. To that end, each facility must:

- For each resident and each employee who receives an influenza or pneumococcal immunization from facility staff, document in that individual's record the date, site of administration, type of vaccine, dose, manufacturer and lot number of the vaccine, reactions if any, and the name of the person administering the vaccine.
- For each resident and each employee who receives an influenza or pneumococcal immunization from other than facility staff, document in that individual's record the date, type of vaccine, dose and name of the person administering the vaccine.
- For each resident and each employee who is not immunized as described by the Long Term Care Resident and Employee Immunization Act, document the refusal to receive the vaccine and the reason for the refusal as listed in Section C.
- Submit the Influenza/Pneumococcal Immunization and Outbreak Data Report (copy enclosed) by May 1st of each year. (This information is required for a report mandated by the legislation.) The annual Outbreak Data Report covers the period from April 1st to March 31st. The first Outbreak Data Report must cover the year from April 1, 2000 – March 31, 2001, in order to capture the influenza season that begins this fall. However, facilities are not required to collect the needed data retrospectively for the first year (April 1, 2000 – March 31, 2001.) Instead, for this first reporting period, it is necessary to collect the data for all individuals who are residents and participants, or employees, during the period October 1, 2000 – March 31, 2001. The first report will, therefore, not cover a full year. Subsequent reports will cover a full year. Please make several copies of the enclosed report form prior to completing it, as it must be completed and submitted in subsequent years as well. Return the completed report to:

New York State Department of Health
Statistical Unit
Empire State Plaza
Corning Tower, Room 1143
Albany, New York 12237

E. Reimbursement

Free or low cost community programs

Some communities offer influenza and other vaccinations to the general public. Providers may contact their local health department to find out whether there is a local program.

Medicare reimbursement

Providers that participate in the Medicare program have been informed by their fiscal intermediary that they may bill Medicare Part B for immunizing individuals who are eligible for Medicare. Medicare HMOs (or their providers) provide these immunizations to enrollees.

Medicaid reimbursement

Nursing homes and adult day health care programs sponsored by nursing homes may not bill Medicaid for immunizations. Clinics, physicians and nurse practitioners that participate in the Medicaid program were informed in the October, 1999 Medicaid Update that they may bill for immunizing individuals who are eligible for Medicaid. However, there is an exception for nursing home residents and adult day health care registrants. Clinics, physicians and nurse practitioners may submit immunization claims to Medicaid for nursing home residents and registrants in a nursing home's adult day health care program(s) only if the nursing home's Medicaid rate does not include physician services. Nursing homes that do not know if physician services are in their Medicaid rate may find this information on their Medicaid rate sheets. On the first page of the rate sheets, on the bottom, there is a section titled "Ancillary Services Included in the Rate." If there is a check for Physicians' Services, it is included in the rate.

Other Health Care Insurance

Residents, registrants and employees who are not eligible for Medicaid or Medicare may have health care insurance or a health care plan that covers immunizations.

F. Helpful Information

To assist you in completing the required Influenza/Pneumococcal Immunization and Outbreak Data Report, an optional chart is included with this letter that can be used as a model for maintaining ongoing immunization-related statistics during the year. This chart can be used as a convenient repository for keeping the cumulative data necessary for completing the required Influenza/Pneumococcal Immunization and Outbreak Data Report. Please note that facilities are not required to use this optional chart.

A summary of the Advisory Committee on Immunization Practices (ACIP) recommendations for influenza and pneumococcal immunization is also enclosed. For facilities with internet access, the complete documents can be downloaded from www.cdc.gov. (Click on MMWR publications. Prevention and Control of Influenza is in Volume 49, April 14, 2000. Prevention of Pneumococcal Disease is in Volume 46, April 4, 1997.) Requests for copies of the recommendations can be e-mailed to acip@cdc.gov. The documents can also be obtained from the Advisory Committee on Immunization Practices, 1600 Clifton Road, Mail Stop E61, Atlanta, Georgia 30333.

Questions on compliance with documentation requirements should be directed to the appropriate Office of Continuing Care Regional/Field Office or the Central Office:

Metropolitan Area Regional Office
(212) 268-6069

Capital District Field Office
(518) 271-2649

Central Field Office
(315) 426-7675

Western Regional Office
(716) 423-8020

Central Office:
Bureau of Surveillance and Quality Assurance
Office of Continuing Care
(518) 478-1133

Questions on completing the Influenza/Pneumococcal Outbreak and Immunization Data Report should be directed to the appropriate Regional Epidemiologist:

Metropolitan Office
(914) 654-7000

Capital District Field Office
(518) 271-2761

Syracuse Office
(315) 866-6879

Buffalo Area Office
(716) 847-4503

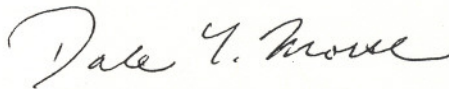
Rochester Area Office
(716) 847-4503

Additional copies of the Influenza/Pneumococcal Immunization and Outbreak Data Report form may be requested by faxing a request to the Department's Distribution Center at (518) 465-0432, or by e-mailing a request to **B0019W@albudh2.health.state.ny.us**. (Please note that the "B" in this e-mail address is followed by two zeroes.) Facilities may also mail a request for additional forms to: New York State Department of Health, Distribution Center, 11 Fourth Avenue, Rensselaer, New York 12144.

Sincerely,



Robert W. Barnett
Director
Office of Continuing Care



Dale Morse, M.D., M.S.
Interim Director
Center for Community Health

Text of New York State Bill A08320

STATE OF NEW YORK

8320--A

1999-2000 Regular Sessions

IN ASSEMBLY

May 12, 1999

Introduced by COMMITTEE ON RULES -- (at request of M. of A. Clark, Harenberg, Greene, Colman, Cymbrowitz, Jacobs, Galef, Seddio, Gottfried, Brennan, Farrell, Gromack, Hill, Lafayette, Markey, Mayersohn, McLaughlin, Millman, Ortiz, Scarborough, Sidikman, Towns) -- read once and referred to the Committee on Health -- reported and referred to the Committee on Ways and Means -- committee discharged, bill amended, ordered reprinted as amended and recommitted to said committee

AN ACT to amend the public health law, in relation to enacting the long term care resident and employee immunization act

THE PEOPLE OF THE STATE OF NEW YORK, REPRESENTED IN SENATE AND ASSEMBLY, DO ENACT AS FOLLOWS:

Section 1. The public health law is amended by adding a new article 21-A to read as follows:

ARTICLE 21-A
LONG-TERM CARE RESIDENT AND
EMPLOYEE IMMUNIZATION ACT

SECTION 2190. SHORT TITLE.

2191. DEFINITIONS.

2192. LONG-TERM CARE RESIDENT AND EMPLOYEE IMMUNIZATION
REQUIRED.

2193. RESIDENT IMMUNIZATION.

2194. EMPLOYEE IMMUNIZATION.

2195. EXCEPTIONS.

2196. RULES AND REGULATIONS; REPORT.

S 2190. SHORT TITLE. THIS ARTICLE SHALL BE KNOWN AND MAY BE CITED AS THE "LONG-TERM CARE RESIDENT AND EMPLOYEE IMMUNIZATION ACT".

S 2191. DEFINITIONS. FOR THE PURPOSES OF THIS ARTICLE:

1. "LONG-TERM CARE FACILITY" OR "FACILITY" MEANS A RESIDENTIAL HEALTH CARE FACILITY AS DEFINED IN SECTION TWENTY-EIGHT HUNDRED ONE OF THIS CHAPTER, ADULT HOME AS DEFINED IN SUBDIVISION TWENTY-FIVE OF SECTION TWO OF THE SOCIAL SERVICES LAW OR ENRICHED HOUSING PROGRAM AS DEFINED IN

EXPLANATION--Matter in *ITALICS* (underscored) is new; matter in brackets { } is old law to be omitted.

LBD10900-07-9

A. 8320--A

2

SUBDIVISION TWENTY-EIGHT OF SECTION TWO OF THE SOCIAL SERVICES LAW, ADULT DAY HEALTH CARE PROGRAM IN ACCORDANCE WITH REGULATIONS OF THE DEPARTMENT, AND ANY OTHER FACILITY PROVIDING RESIDENTIAL HOUSING FOR FIVE OR MORE PERSONS OVER THE AGE OF SIXTY-FIVE UNRELATED TO THE OPERATOR AND SUPPORTIVE SERVICES INCLUDING, BUT NOT LIMITED TO, FOOD SERVICE,

6 HOUSEKEEPING, LAUNDRY, ARRANGING FOR MEDICAL CARE, AND ASSISTANCE WITH
7 DAILY LIVING.

8 2. "DOCUMENTATION" MEANS WRITTEN EVIDENCE FROM AN INDIVIDUAL'S HEALTH
9 CARE PROVIDER INDICATING THE DATE AND PLACE WHEN THE INDIVIDUAL RECEIVED
10 THE INFLUENZA VACCINE OR THE PNEUMOCOCCAL VACCINE.

11 3. "MEDICALLY CONTRAINDICATED" MEANS INFLUENZA OR PNEUMOCOCCAL VACCINE
12 SHOULD NOT BE ADMINISTERED TO AN INDIVIDUAL BECAUSE IT MAY BE DETRI-
13 MENTAL TO THE INDIVIDUAL'S HEALTH IF THE INDIVIDUAL RECEIVES THE
14 VACCINE.

15 4. "EMPLOYEE" MEANS AN INDIVIDUAL EMPLOYED (WHETHER DIRECTLY, BY
16 CONTRACT WITH ANOTHER ENTITY OR AS AN INDEPENDENT CONTRACTOR) BY A
17 LONG-TERM CARE FACILITY, ON A PART-TIME OR FULL-TIME BASIS.

18 S 2192. LONG-TERM CARE RESIDENT AND EMPLOYEE IMMUNIZATION REQUIRED.
19 EXCEPT AS PROVIDED IN SECTION TWENTY-ONE HUNDRED NINETY-FIVE OF THIS
20 ARTICLE, EVERY LONG-TERM CARE FACILITY IN THIS STATE SHALL REQUIRE RESI-
21 DENTS AND EMPLOYEES TO BE IMMUNIZED FOR INFLUENZA VIRUS AND PNEUMOCOCCAL
22 DISEASE IN ACCORDANCE WITH REGULATIONS OF THE COMMISSIONER.

23 S 2193. RESIDENT IMMUNIZATION. 1. UPON ADMISSION, A LONG-TERM CARE
24 FACILITY SHALL NOTIFY THE RESIDENT OF THE IMMUNIZATION REQUIREMENTS OF
25 THIS ARTICLE AND REQUEST THAT THE RESIDENT AGREE TO BE IMMUNIZED AGAINST
26 INFLUENZA VIRUS AND PNEUMOCOCCAL DISEASE.

27 2. EVERY LONG-TERM CARE FACILITY SHALL DOCUMENT THE ANNUAL IMMUNIZA-
28 TION AGAINST INFLUENZA VIRUS AND IMMUNIZATION AGAINST PNEUMOCOCCAL
29 DISEASE FOR EACH RESIDENT. UPON FINDING THAT A RESIDENT IS LACKING SUCH
30 IMMUNIZATION OR THE LONG-TERM CARE FACILITY OR INDIVIDUAL IS UNABLE TO
31 PROVIDE DOCUMENTATION THAT THE INDIVIDUAL HAS RECEIVED THE APPROPRIATE
32 IMMUNIZATION, THE LONG-TERM CARE FACILITY SHALL PROVIDE OR ARRANGE FOR
33 IMMUNIZATION. IMMUNIZATION AND THE DOCUMENTATION THEREOF SHALL TAKE
34 PLACE NO LATER THAN NOVEMBER THIRTIETH OF EACH YEAR.

35 3. AN INDIVIDUAL WHO BECOMES A RESIDENT AFTER NOVEMBER THIRTIETH BUT
36 BEFORE APRIL FIRST SHALL HAVE HIS OR HER STATUS FOR INFLUENZA AND PNEU-
37 MOCOCCAL IMMUNIZATION DETERMINED BY THE FACILITY, AND IF FOUND TO BE
38 DEFICIENT, THE FACILITY SHALL PROVIDE OR ARRANGE FOR THE NECESSARY
39 IMMUNIZATION.

40 S 2194. EMPLOYEE IMMUNIZATION. 1. EVERY LONG-TERM CARE FACILITY SHALL
41 NOTIFY EVERY EMPLOYEE OF THE IMMUNIZATION REQUIREMENTS OF THIS ARTICLE
42 AND REQUEST THAT THE EMPLOYEE AGREE TO BE IMMUNIZED AGAINST INFLUENZA
43 VIRUS AND PNEUMOCOCCAL DISEASE.

44 2. THE LONG-TERM CARE FACILITY SHALL REQUIRE DOCUMENTATION OF ANNUAL
45 IMMUNIZATION AGAINST INFLUENZA VIRUS AND IMMUNIZATION AGAINST PNEUMOCOCCAL
46 DISEASE FOR EACH EMPLOYEE. UPON FINDING THAT AN EMPLOYEE IS LACKING
47 SUCH IMMUNIZATION OR THE LONG-TERM CARE FACILITY OR INDIVIDUAL IS UNABLE
48 TO PROVIDE DOCUMENTATION THAT THE INDIVIDUAL HAS RECEIVED THE APPROPRI-
49 ATE IMMUNIZATION, THE LONG-TERM CARE FACILITY MUST PROVIDE OR ARRANGE
50 FOR IMMUNIZATION. IMMUNIZATION AND THE DOCUMENTATION THEREOF SHALL TAKE
51 PLACE NO LATER THAN NOVEMBER THIRTIETH OF EACH YEAR.

52 3. AN INDIVIDUAL WHO IS NEWLY EMPLOYED AS AN EMPLOYEE AFTER NOVEMBER
53 THIRTIETH BUT BEFORE APRIL FIRST SHALL HAVE HIS OR HER STATUS FOR INFLU-
54 ENZA AND PNEUMOCOCCAL IMMUNIZATION DETERMINED BY THE FACILITY, AND IF
55 FOUND TO BE DEFICIENT, THE FACILITY SHALL PROVIDE OR ARRANGE FOR THE
56 NECESSARY IMMUNIZATION.

A. 8320--A

3

1 S 2195. EXCEPTIONS. NO INDIVIDUAL SHALL BE REQUIRED TO RECEIVE EITHER
2 AN INFLUENZA VACCINE OR PNEUMOCOCCAL VACCINE IF THE VACCINE IS MEDICALLY
3 CONTRAINDICATED, OR IF IT IS AGAINST HIS OR HER RELIGIOUS BELIEFS, OR IF
4 HE OR SHE REFUSES THE VACCINE AFTER BEING FULLY INFORMED OF THE HEALTH
5 RISKS OF SUCH ACTION.

6 S 2196. RULES AND REGULATIONS; REPORT. 1. THE COMMISSIONER SHALL
7 PROMULGATE REGULATIONS RELATING TO THE IMMUNIZATION REQUIREMENTS OF THIS
8 ARTICLE, TAKING INTO CONSIDERATION THE RECOMMENDATIONS OF THE CENTERS
9 FOR DISEASE CONTROL AND PREVENTION.

10 2. THE COMMISSIONER IS HEREBY DIRECTED TO MAKE AVAILABLE EDUCATIONAL
11 AND INFORMATIONAL MATERIALS TO ALL LONG-TERM CARE FACILITIES WITH
12 RESPECT TO VACCINATION AGAINST INFLUENZA VIRUS AND PNEUMOCOCCAL DISEASE.

13 3. THE COMMISSIONER SHALL REPORT THREE YEARS FROM THE EFFECTIVE DATE
14 OF THIS ARTICLE TO THE GOVERNOR, THE TEMPORARY PRESIDENT OF THE SENATE,
15 THE SPEAKER OF THE ASSEMBLY, THE MINORITY LEADER OF THE SENATE AND THE
16 MINORITY LEADER OF THE ASSEMBLY ON THE NUMBER OF OUTBREAKS IN LONG-TERM
17 CARE FACILITIES EACH YEAR DUE TO INFLUENZA VIRUS AND PNEUMOCOCCAL
18 DISEASE AND NUMBER OF HOSPITALIZATIONS OF LONG-TERM CARE FACILITY RESI-
19 DENTS EACH YEAR DUE TO INFLUENZA VIRUS, PNEUMOCOCCAL DISEASE AND COMPLI-
20 CATIONS THEREOF.

21 S 2. This act shall take effect on the first day of April next
22 succeeding the date it shall have become a law except that any rule or
23 regulation necessary for the timely implementation of this act on its
24 effective date shall be promulgated on or before such date.

.SO DOC A 8320A

END

BTXT

1999

Bill A08320

[[Summary](#)] [[Actions](#)] [[Votes](#)] [[Memo](#)] [[Text](#)]

New York State Assembly

[[Welcome Page](#)] [[Legislative Information](#)] [[Bill Searches](#)]

INFLUENZA/PNEUMOCOCCAL
IMMUNIZATION & OUTBREAK DATA REPORT, APRIL 1, _____ - MARCH 31, _____

Facility or program name on Operating Certificate: _____
If nursing home or adult day health care program: PFI: ☐☐☐☐ Operating Certificate Number: ☐☐☐☐☐☐☐☐
If adult home or enriched housing program: Operating Certificate Number: ☐☐☐☐-☐☐☐☐
Address: _____ Adult Day Health Care Program: Yes: ☐ No: ☐
County: _____
Contact Person: _____ Phone: ☐☐☐☐-☐☐☐☐-☐☐☐☐ ext.: ☐☐☐☐

Instructions: Answer questions 1-6 and 9-16 in terms of the 12-month reporting period that begins on April 1 and ends on March 31. Questions 7 and 10 pertain to a history of vaccination previous to this reporting period.

IMMUNIZATION INFORMATION FOR REPORTING PERIOD APRIL 1, _____ - MARCH 31, _____

1. Total number of employees: _____
 2. Total number of residents/registrants: _____
- Influenza**
3. Number of employees who received influenza vaccine: _____ did not receive: _____
 4. Number of residents/registrants who received influenza vaccine: _____ did not receive: _____

- Pneumococcal**
5. Number of employees identified as appropriate for pneumococcal vaccine: _____
 6. Of those employees identified as appropriate for pneumococcal vaccine, the number that:
Received vaccine: _____ Did not receive: _____
 7. Number of employees vaccinated with pneumococcal vaccine prior to current reporting period: _____
 8. Number of residents/registrants identified as appropriate for pneumococcal vaccine: _____
 9. Of those residents/registrants identified as appropriate for pneumococcal vaccine, the number that:
Received vaccine: _____ Did not receive: _____
 10. Number of residents/registrants vaccinated with pneumococcal vaccine prior to current reporting period: _____

OUTBREAK REPORTS: DEFINITIONS

Outbreak = Influenza: One or more confirmed cases of influenza in the presence of other like illnesses that are not necessarily confirmed. Confirm influenza by either rapid antigen test or N/P swab.

Pneumococcal: Two or more confirmed cases diagnosed by positive culture from a sterile site (blood, cerebrospinal fluid, joint fluid, pericardial fluid or pleural fluid) or physician diagnosed pneumonia.

Influenza-like illness = Abrupt onset of respiratory illness that may consist of one or more of the following: fever (≥ 100 degrees F {37.8 degrees C}, oral or equivalent) and cough or sore throat (in absence of a known cause).

OUTBREAK DATA FOR REPORTING PERIOD APRIL 1, _____ - MARCH 31, _____

- Influenza**
11. Number of influenza outbreaks during the reporting period: _____
 12. Number of residents with influenza or influenza-like illness during the documented outbreak(s): _____
 13. Number of residents hospitalized with influenza or influenza-like illness during the outbreak(s): _____
- Pneumococcal**
14. Number of pneumococcal outbreaks during the reporting period: _____
 15. Number of residents with pneumococcal illness during the documented outbreak(s): _____
 16. Number of residents hospitalized with pneumococcal illness during the outbreak(s): _____

**Summary of the Advisory Committee on Immunization Practices'
Recommendations for Influenza and Pneumococcal Immunization
(MMWR April 4, 1997 vol. 46 No. RR-8 and April 14, 2000 vol. 49 No. RR-3)**

Influenza:

Recommended annually for the following:

Persons aged 50 and older (* new recommendation for 2000-2001 season);

Residents of nursing homes;

Residents of other chronic care facilities that house persons of any age who have chronic medical conditions;

Adults and children (aged 6 months or older) with chronic disease of the pulmonary or cardiovascular systems including asthma;

Adults and children (aged 6 months or older) who receive regular medical care or have been hospitalized in the preceding year because of chronic metabolic disease including immunosuppression, diabetes, kidney disease, or hemoglobinopathies;

Children 6 months - 18 years of age receiving long-term aspirin therapy;

Healthy pregnant women who will be in their second or third trimester during influenza season;

Pregnant women with underlying medical conditions that increase their risk of the complications of influenza regardless of the stage of pregnancy;

Persons aged 6 months or older working or living with those at risk for complications of influenza;

All health care workers, including physicians, nurses, employees of nursing homes and chronic-care facilities, employees of assisted living and other residences for persons in high risk groups, and emergency response personnel;

Persons who provide home care to persons in high-risk groups;

Household members of persons in high-risk groups;

Persons with HIV;

Travelers to areas where there is active influenza activity.

Contraindicated for the following:

Those with a history of anaphylaxis to the vaccine or any vaccine component, or eggs;

Moderate or severe illness.

Pneumococcal Vaccine (23-valent polysaccharide):

Groups for which vaccination is recommended

Revaccination

Immunocompetent persons:

Persons aged ≥ 65 years.

Second dose of vaccine if patient received vaccine ≥ 5 years previously and was aged < 65 years at the time of vaccination.

Persons aged 2-64 years with chronic cardiovascular disease, chronic pulmonary disease or diabetes mellitus.

Not recommended.

Persons aged 2-64 years with alcoholism, chronic liver disease or cerebrospinal fluid leaks.

Not recommended.

Persons aged 2-64 years with functional or anatomic asplenia.

If patient is aged >10 years: single revaccination ≥ 5 years after previous dose. If patient is aged ≤ 10 years: consider revaccination 3 years after previous dose.

Persons aged 2-64 years living in special environments or social settings (e.g., Alaskan Natives, American Indians).

Not recommended.

Immunocompromised persons:

Immunocompromised persons aged ≥ 2 years, including those with HIV infection, leukemia, lymphoma, Hodgkins disease, multiple myeloma, generalized malignancy, chronic renal failure, or nephrotic syndrome; those receiving immunosuppressive chemotherapy (including corticosteroids); and those who have received an organ or bone marrow transplant.

Single revaccination if ≥ 5 years have elapsed since receipt of first dose. If patient is aged ≤ 10 years: consider revaccination 3 years after previous dose.

Contraindicated for the following:

Those with a history of anaphylaxis to this vaccine or any vaccine component;

Moderate or severe illness.

* N.B. - At the Advisory Committee on Immunization Practices' next meeting in June, 2000, the recommendations for pneumococcal immunization will probably be expanded based on risk factors and burden of disease. Recommendations for revaccination may also be modified at that time.